

# CLAIMS ONLY

SERIAL NO. \_\_\_\_\_

FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	1					
5	2					
6	2					
7	2					
8	2					
9	2					
10	2					
11	1					
12	1					
13	2					
14	2					
15	2					
16	1					
17	2					
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50						
TOTAL IND.	3		1		1	
TOTAL DEP.	2		1		1	
TOTAL CLAIMS	2		1		1	

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.			1		1	
TOTAL DEP.			1		1	
TOTAL CLAIMS			1		1	

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS